

Dateline DHMH

Maryland Department of Health and Mental Hygiene

Message from the Acting Secretary

Volunteerism has always been an intricate part of our nation's history. From the brigades fighting for America's independence to those who gave their time in the aftermath of the destruction of the World Trade Center towers, volunteers have readily answered the call. It is what has made Maryland and our country great.

Today that spirit of giving continues.

Over the last year, three of the Department's licensing boards have been stepping outside of their normal roles to recruit volunteer health professionals to assist in our emergency preparedness efforts.

The **Board of Pharmacy** is leading our effort to develop and be ready to implement a National Pharmaceutical Stockpile Plan. To date, the Board has recruited almost 900 volunteer pharmacists and pharmacy technicians. This is an amazing response, considering there are only 7,000 licensed pharmacists in the State! Almost 500 have been trained and the remainder will be in the next few weeks. Should DHMH ever have to request a *push-pak* from the stockpile, the pharmacists will be available to assist the Maryland Emergency Management Agency and the local health departments with receipt, breakdown and dispensing of the medications.

The **Board of Physician Quality Assurance** has also been recruiting physicians and other allied health professionals. Over 300 have volunteered to assist in an emergency, and in mid-February, a very successful workshop was held for about 225 of the volunteers. They were very enthusiastic about stepping up to assist, and were provided with a considerable amount of information needed in order to be optimally effective in a catastrophic emergency.

Beginning this month DHMH will be hosting at least 10 workshops for over 2,000 nurses who have

volunteered. This will be a monumental task for the **Board of Nursing**, but critically important for the State. They will also be trained to administer smallpox vaccinations. This will provide very important assistance during Phase 2 of our Smallpox Response Plan, when we vaccinate health care workers and first responders. The nurses will also be available to give the vaccine should it be necessary during an actual outbreak.

Of course, education of this magnitude requires the efforts of more than just DHMH. We collaborated with Med-Chi, the University of Maryland School of Pharmacy, the Johns Hopkins University Bloomberg School of Public Health and others to make the trainings a success.

There is one other group of volunteers I want to mention -- those who have agreed to receive a smallpox vaccination and be a part of one of our smallpox response teams. Vaccination of employees from DHMH, our local health departments and Maryland hospitals will assist us in carrying out Phase I of our Smallpox Vaccination Plan. Approximately 6,000 clinical staff, epidemiologists, mental health professionals, emergency department staff, attorneys, and dietary and laundry workers will now be our first line of defense against an outbreak of smallpox.

We owe them our gratitude.



Smallpox Vaccination Plan Underway in Maryland

Ever since the events of September 11, 2001, most of us have realized we are living in a changed world. Topics that were shoved into the deep recesses of our minds are again emerging to the forefront.

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Smallpox Vaccination Plan

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Take smallpox, for instance. This disease was eradicated from the planet in 1977, but concern has surfaced that it might be used as a bio-terror weapon.

It has dominated newspaper headlines and led evening newscasts across the nation.

And here at DHMH, we have been working to put into place Maryland's portion of the National Smallpox Vaccination Plan. The current emphasis is on Phase One of the multi-phase plan. In Phase One, several key groups will be vaccinated, including volunteers that will form local health department teams and medical response teams.

This is unlike any other vaccination program undertaken at DHMH, and is still quite mysterious to many observers. But there is really no mystery at all.

DHMH personnel have been hard at work for months to ensure the safe implementation of the Maryland program. Despite the many unique aspects of the program and the vaccination process, DHMH staff members recognize it as just another new challenge, albeit one which has gained prominence under the media spotlight as part of the nation's heightened awareness of potential bioterrorism attacks.

In January, smallpox vaccination training sessions were offered in Cumberland, Denton, Waldorf and Catonsville. These sessions were the result of hours of essential planning and preparation. The hard work was necessary to establish Regional Vaccination Centers (RVC).



Julie Garver and Angela Felton, both from the Washington County Health Department, practice giving one another smallpox inoculations, without the vaccine.

Because this is not like any other vaccine program, the planning and preparation process to train RVC personnel was unique. For instance, the type of needle used and the manner in which the vaccination is administered are unlike any other inoculation. Instead of the traditional shot, a two-pronged needle is used to pierce skin multiple times in a small area.

These centers are being used as central locations to vaccinate local health department and hospital staff who have volunteered to be a part of response teams.

Volunteers from local health departments consist of disease investigators, epidemiologists, nurses and medical doctors. Hospital staff who volunteer will represent emergency departments, intensive care units, and include respiratory therapists, nurses, doctors and other auxiliary care staff.

Follow up examination of the vaccination site is required to ensure a successful "take," and plans are in place to provide for this element of the vaccination process. Procedures are also in place to monitor and respond effectively should there be any severe adverse health effects.

The ultimate goal of Phase One is to have in place a pre-vaccinated workforce that could implement a larger scale vaccination effort and provide patient care if an outbreak were to occur.

In addition to Phase One, two other phases comprise the national plan. Phase Two would expand the offer of vaccination to all health care and public safety workers nationally. Phase Three would provide for vaccination of the general public.

For more information, visit the DHMH Web site at www.dhmh.state.md.us. Click on the 'bioterrorism' link in the 'Hot Issues' box, then look for smallpox-related links. Other helpful Web sites are www.cdc.gov/smallpox and www.cdc.gov/smallpox/vaccination.

Editor's Note: Thanks to John Healy, who works on bioterrorism issues for the Office of Public Relations, for writing this article.

Childhood Overweight: A Growing Problem

More and more children in the U.S. today are overweight. Viewed by some as a cosmetic problem, childhood overweight can be a serious health concern for many children. Many develop high blood pressure, high blood cholesterol and

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Childhood Overweight

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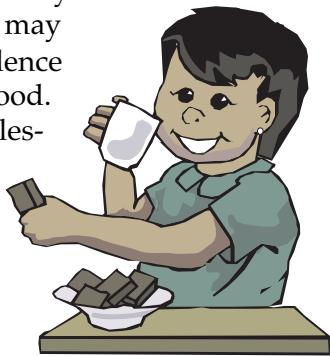
type 2 diabetes — risk factors for adult chronic diseases like heart disease and stroke.

In the Bogalusa Heart Study, conducted by the Tulane University School of Public Health and published in 1999, overweight children, including children five to 10 years of age, were two-and-one-half times as likely to have high diastolic blood pressure as children of average weight. Well over half of the overweight children had at least one risk factor for heart disease and stroke, such as high blood cholesterol or high blood pressure.

There are other indicators.

Few children under the age of three who do not have obese parents will become obese themselves as adults, according to Dr. William Dietz, a pediatrician who heads the CDC Division of Nutrition & Physical Activity. Breastfeeding of infants may help decrease the prevalence of overweight in childhood. Overweight among adolescents and young adults predicts increased mortality in later life.

The DHMH Center for Maternal and Child Health and the Office of Chronic Disease Prevention teamed up to address the problem of overweight in Maryland children, convening a work group of researchers and practitioners in the field of children's health in May 2002. The resulting report, Preventing Childhood Overweight in Maryland, summarizes the work group and outlines recommendations for intervention.



A sample of the report's recommendations for families and schools include:

- Help families participate in regular physical activity;
- Encourage parents to set limits on children's television viewing and computer time;
- Create and enforce school policies on operation of vending machines; and
- Serve healthy foods at school events, fund-raisers, dances and parties.

Weight, along with height, is important information for assessment of a child's health and growth. The first priority for Maryland is to obtain data on heights and weights of Maryland children, information necessary to guide program planning efforts.

To view the full DHMH report, visit www.fha.state.md.us/oed/ and click on the report title on the left menu bar. For a fact sheet on childhood overweight, visit the Web site of "*The Surgeon General's Call To Action*"

To Prevent and Decrease Overweight and Obesity"

at: www.surgeongeneral.gov/topics/obesity/ and click on "*Overweight in Children and Adolescents*" under "Fact Sheets," or contact

Peggy Yen at 410-767-6781.

Editor's Note: Thanks to the staff in the Family Health Administration's Division of Cardiovascular Health and Nutrition for writing this article.

Congratulations to . . .

Mike Stevens, Coordinator of Adult Evaluation and Review Services, Senior Care and the National Family Caregiver Support Program for the Allegany County Health Department, who celebrates a unique anniversary this month.

Twenty years ago on March 11, Mike started an Alzheimer's and related disorders support group in Allegany County, a group he has facilitated longer than any other person has led such a group in Maryland. (In fact, there is only one other person in the United States who has lead an Alzheimer's support group more than 20 years.)

Mike is a Social Worker (LCSW-C) by profession and has been a State employee for thirty-five years. He also serves on multiple community advisory boards.

In 2002, the Western Maryland Regional Office of the Alzheimer's Association nominated Mr. Stevens for the Annual Governor's Volunteer and Service Award.

Congratulations Mike!

Calendar of Events

Tuesday, April 29 — *Breakfast Meeting: MCI — Mild Cognitive Impairment*; Somerford Place, Columbia, Maryland; 8:30 - 10:00 a.m. Sponsored by the Dementia Care Consortium of the Alzheimer's Association. Phone 410-561-9099 or 1-800-443-CARE for more information.

Choosing the Best Doctor for You

When hiring a professional for major home repairs, or even finding a good auto mechanic — most people take the time to do a little research. They crack open the Yellow Pages, get recommendations from friends and neighbors, check credentials. But what's the best way to select the most personal of professionals — a doctor?



With hundreds of physician listings in the local telephone directory, it can be hard to know where to start. Fortunately, your health insurance plan has probably narrowed the list for you. One major criteria for choosing a doctor is that he or she accepts, or participates in your health

plan. Start your search by getting copy of your insurer's physician directory. You can request a copy by mail, or often, you can access the directory on the plan's Web site.

Certification from a medical specialty board can indicate a doctor's qualifications. Board certified doctors have extra training after medical school to become specialists in a field of medicine such as family practice, internal medicine or geriatrics. Next, consider the practice's location. How far are you willing to drive? Is the office convenient to home or work?

A short conversation with the practice's office manager often can yield the answers to some important questions. Is the doctor a solo practitioner, or part of a group? If he or she is part of a group, can you request the doctor of your choice, or must you see the first doctor available? How long is the average wait for an appointment? What are the office hours — are there evening or weekend appointments available? What about appointments for emergencies? Also, find out about hospital admitting privileges. If you prefer a particular hospital in your area, make sure the doctor you want is on its medical staff.

When you have narrowed your choices down to three or four doctors, call each of them to schedule a brief consultation. Explain that you are looking for a new doctor and would like to meet with him or her personally. Keep in mind that you may have to pay for the visit — be sure to find out beforehand. When you meet the doctor in person, take note of his or her personality and demeanor. Is he or she warm, friendly, approachable? Do you feel comfortable talking with him or her? What is the doctor's philosophy on medical care — how are patients involved in care decisions? If you have any chronic health problems, find out if the doctor has treatment experience.

After completing this process, one or two candidates will probably stand out as the best choices. Once you've made your decision, be sure to find out the procedure for transferring your medical records to your new

doctor. If necessary, schedule your next visit.

Finding a good doctor that makes you feel comfortable can take a little time and effort. But, if you choose well, it can be the start of a rewarding relationship that will give you better health and peace of mind for years to come.



Editor's Note: Thanks to Tara Snyder, Community Health Educator in the Center of Health Promotion, Education and Tobacco Prevention, for writing this article.



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